



# Praisefest west

Premiere Christian Music Festival

## Sponsorship/Donation Form    Date: \_\_\_\_\_

Sponsorship Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

• Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

• Office (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

• Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

### CONTACT PERSON

Name \_\_\_\_\_ Dept \_\_\_\_\_ Title \_\_\_\_\_

### CORPORATE ADDRESS (if different from above)

Corporate Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sponsorship amount \$ \_\_\_\_\_ Check or Cashier's Check, Visa / MasterCard Accepted

**Please make checks payable to:**

**Mail to:**

**Praisefest West**  
PMB#223  
14700 N. Frank Lloyd Wright Blvd.  
Suite #157  
Scottsdale, AZ 85260

### Company Representative

Print \_\_\_\_\_

Signature \_\_\_\_\_

*We will mail you a receipt confirming your sponsorship donation has been received and allocated. Please attach this form with your donation.*

### For Office Use

Amount enclosed \_\_\_\_\_ Receipt mailed \_\_\_\_\_

Name \_\_\_\_\_ Initial \_\_\_\_\_